

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <div style="text-align: center;">04 -- 011</div>	2. STATE: <div style="text-align: center;">MAINE</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE(S) <div style="text-align: right;">9/01/04</div>	
5. TYPE OF PLAN MATERIAL (CHECK ONE): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div> <div style="text-align: center; font-size: small;">COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)</div>			
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center;">42 CFR 440.230(d)</div>		7. FEDERAL BUDGET IMPACT: a. FFY <u>04</u> (\$ 17,000) b. FFY <u>05</u> (\$ 65,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT <div style="text-align: center;">Page 1 of attachment 3.1-A p.5 and 6</div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <div style="text-align: right;">Page 1 of ATTACHMENT 3.1A page 5 and 6</div>	
SUBJECT OF AMENDMENT: LIMIT AVAILABLE DAY HEALTH SERVICES			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="width: 35%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <div style="text-align: center; font-size: small;">COMMISSIONER, DEPT. OF HUMAN SERVICES</div> </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: CHRISTINE ZUKAS-LESSARD Acting Director, Bureau of Medical Services #11 State House Station 442 CIVIC CENTER DRIVE Augusta, ME 04333-0011	
13. TYPED NAME: <div style="text-align: center;">JOHN R. NICHOLAS</div>			
14. TITLE: Commissioner, Maine Department of Health and Human Services			
15. DATE SUBMITTED: SEPTEMBER 30, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="text-align: center; font-size: large;">9-30-04</div>		18. DATE APPROVED: <div style="text-align: center; font-size: large;">12-17-04</div>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center; font-size: large;">9-1-04</div>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <div style="text-align: center;">Bruce D. Greenstein</div>		22. TITLE: <div style="text-align: center;">Associate Regional Administrator, DMCH</div>	
23. REMARKS			

Item 13a. Diagnostic Services

Covered diagnostic services are limited to those services provided by mental health facilities licensed by the Department of Behavioral and Developmental Services and recommended by a physician or other licensed practitioner of the healing arts.

Item 13b. Screening Services

Covered services are limited to V.D. Screening Clinic Services which include screening for sexually-transmitted diseases, cost and administration of medication, follow up and counseling.

Item 13c. Preventive Services

Covered preventive services are limited to services provided by mental health facilities licensed by the Department of Behavioral and Developmental Services and delivered by a staff member who is a licensed practitioner of the healing arts within the scope of his/her practice under State law.

Item 13d. Rehabilitative Services

Rehabilitative Services are limited as follows:

1. Private non-medical institutions for substance abuse treatment, mental health services, child-care services, and services for people with mental retardation. Covered services include only detoxification, rehabilitation, extended care, extended shelter, halfway house, mental health and child-care services, provided to residents by qualified staff. These services may be provided by physicians, psychologists, psychological examiners, dentists, R.N.'s, L.P.N.'s, speech therapists, and other substance abuse counselors, M.S.W.'s, occupational therapists, and other qualified staff carrying out a written plan of care. Such plans of care or initial assessments of the need for services are recommended by a physician or other licensed practitioner of the healing arts. Covered Services also include administrative costs related to the provision of direct services.
2. Mental Health Services. Covered services include rehabilitation and community support services provided by staff of mental health facilities licensed or approved by the Department of Behavioral and Developmental Services. These services may be provided by physicians, psychologists, psychological examiners, MSW's, psychiatric nurses, and qualified mental health staff carrying out a plan of care. Certain crises-oriented services may be provided to individuals under age 21 as home based mental health by facilities licensed by the Department of Behavioral and Developmental Services.
3. Substance Abuse Treatment Services. Covered services include only those evaluation and clinical services provided under the direction of a physician or psychologist and delivered by qualified staff of an outpatient and/or on-residential facility certified as such by the Office of Alcoholism and Drug Abuse Prevention for the rehabilitation of substance abuse.
4. Day Health Services. Covered services are available for individuals requiring assistance with ADL's. Day health services are provided at facilities licensed by the Department at three levels, as determined by assessment using the MED tool. Level I provides for 16 hours per week, Level II allows 24 hours per week, and Level III, for those who are NF eligible, allows a cap of up to 40 hours per week.

TN No. 04-011

Supersedes

Approval Date: 12-17-04

Effective Date: 9/1/04

TN No. 96-002